

Reclaim back to customer

State of California—Health and Welfare Agency

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Department of Health Services
Toxic Substances Control Division
Sacramento, California

8/4/86

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address F. M. Thomas 231 Gemini, Brea, California		C1A1X0100101318034		A. State Manifest Document Number 86534546	
4. Generator's Phone (714) 738-1062		6. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name F. M. Thomas		C1A1X010101031801314		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 714/738-1062	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAD042245001	
		C A D O 4 2 2 4 5 0 0 1		H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous Waste, Liquid N.O.S. ORM-E NA 9189 (R-113)		0 0 5	DM	6 0 0	P
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above R01			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name RONNIE BOYETT		Signature Ronnie Boyett		Month Day Year 08 4 86	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name RONNIE BOYETT		Signature Ronnie Boyett	
		Signature Ronnie Boyett		Month Day Year 8 4 86	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name John HALL		Signature John Hall		Month Day Year 8 4 86	